

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12		1				
13						
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25						
26						
27	1					
28						
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42						
43						
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45						
46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	31	↓	↓	↓		
TOTAL CLAIMS	33	↓	↓	↓		

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
54								
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98								
99								
100								
TOTAL IND.								
TOTAL DEP.		↓	↓	↓				
TOTAL CLAIMS		↓	↓	↓				